Hawai'i State Foundation on Culture and the Arts

Final Project Report - FY 2015

Project Code FY 2015 _____

A. Project Title _____

B. Name of Organization _____

C. Actual Expenses and In-Kind Contributions

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	= Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind $ Value (but non-cash)
a. Administrative						
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
b. Artistic/Professional						
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
c. Technical/Production						
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$

2. Outside (Non-Employee) Fees and Services						
a. Artistic/Professional						
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$
b. Other						
	#	$	x 1	$ 0	$	$
	#	$	x 1	$ 0	$	$

3. Other Expenses						
a. Space Rental						
				$	$	$
				$	$	$
b. Travel						
Transportation						
No. of Persons:		From:	To:	$	$	$
		From:	To:	$	$	$
		From:	To:	$	$	$
Per Diem		Rate	Days			
No. of Persons:		x $	x	$ 0	$	$
		x $	x	$ 0	$	$
		x $	x	$ 0	$	$
Other		x $	x	$ 0	$	$
c. Marketing (Promotion)						
				$	$	$
				$	$	$
d. Remaining Operating Expenses						
Supplies and Materials						
				$	$	$
				$	$	$
				$	$	$
				$	$	$
Other Expenses						
				$	$	$
				$	$	$

Actual Total Cash Expenses	$ 0		$ 0
Actual SFCA Funds Spent		$ 0	
Total SFCA Funds Authorized		$	
SFCA Funds to be Returned or Unclaimed		$	

D. Actual Revenue

1. Personnel Costs

a. Admission and Fees

				Cash Revenue
_____ persons	x $ _____	per	_____	$ 0
_____ persons	x $ _____	per	_____	$ 0
_____ persons	x $ _____	per	_____	$ 0
_____ persons	x $ _____	per	_____	$ 0
_____ persons	x $ _____	per	_____	$ 0

b. Contracted Services

_____ $_____

_____ $_____

2. Private Corporate or Foundation Support

_____ $_____

_____ $_____

_____ $_____

Other Private Contributions

_____ $_____

_____ $_____

_____ $_____

3. Federal Grants or Awards

_____ $_____

_____ $_____

_____ $_____

4. State/Regional/County Support *(list individually)*

_____ $_____

_____ $_____

_____ $_____

5. Other Revenue

_____ $_____

_____ $_____

_____ $_____

6. Applicant Cash *(including trust funds)*

_____ $_____

_____ $_____

_____ $_____

Subtotal $ 0

SFCA Funds requested for this project $_____

TOTAL CASH REVENUE $ 0

E. In-Kind Contributions

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Total $ 0

F. Project Period

Start Date _____ End Date _____

Month Day Year Month Day Year

G. Description of the service(s) to be performed

1. Project Summary:

2. Activities/Artistic Personnel	Dates	Locations	No. of Audience or Participants

3. Project Evaluation: **Planned** **Actual**

a. Evaluation Measures

_____

_____

_____

_____

_____

_____

_____

_____

b. Explanation of Variances and Evaluation Narrative

4. Number of Individuals Benefitting _____

5. Number of Artists Participating _____

6. Number of Professionals (non–artists) Participating

7. Project Variance: **Planned** **Actual**

a. Total Cash Expenses

b. Total SFCA Share

c. Total Revenue

d. Project Period (enter dates) _____ to _____ _____ to _____

e. Explanation of Variances

f. Target Group(s) **Planned** **Actual**

g. Explanation of Target Group Variances

h. Program Activities

i. Explanation of program Activities Variances **Planned** **Actual**

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Additional information requested for federal reporting

A. Check any of the following criteria that applies to your project. If none of the following applies, please check 6).

_____ 1) supports grantees visiting other countries, or
_____ 2) supports foreign artists visiting USA, or
_____ 3) supports any cultural exchange program, or
_____ 4) supports linkages with artists or institutions other countries, or
_____ 5) establishes/administers international programs in your own agency, or
_____ 6) none of the above

B. If your project clearly emphasizes the traditions or culture of one of the following, please indicate with a check.

_____ **A** – Asian
_____ **B** – Black/African American
_____ **H** – Hispanic/Latino
_____ **N** – American Indian/Alaska Native
_____ **P** – Native Hawaiian/Pacific Islander
_____ **W** – White
_____ **99** – No single group

C. Check one of the following criteria that applies to your project. If none of the following applies, please check 99.

01) 50% or more of this project's activities are arts education directed to:
_____ A. K–12 students
_____ B. Higher education students
_____ C. Pre–Kindergarten children
_____ D. Adult learners (including teachers & artists)

02) Less than 50% of this project's activities are arts education directed to:
_____ A. K–12 students
_____ B. Higher education students
_____ C. Pre–Kindergarten children
_____ D. Adult learners (including teachers & artists)
_____ 99 None of this project involves arts education

D. Check one of the following criteria that applies to your project. If none of the following applies, please check 99.

_____ 01) Presenting/Sponsoring
_____ 02) Touring
_____ 99 None of this project involves presenting or touring

E. Please indicate the total number of children and youth (including students, participants, and audience members) benefitting directly from the funded project.

_____

Name of Organization _____

Address _____

Contact Person _____ Title _____

Telephone (bus.) _____ (Rec) _____

Certification. The information contained in this report, including all attachments and supporting materials, is correct to the best of my knowledge.

Signature _____ Date _____

Name (print or type) _____ Title _____

SFCA STAFF USE ONLY – DO NOT WRITE

❑ Reviewed and Approved _____ BSG Share $ _____ SAA Share $ _____

By _____ Other NEA $ _____ Others $ _____

Date _____